

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>LOC NGUYEN</u>		COURT CASE NUMBER <u>C.A. 04-1263-MLW</u>
DEFENDANT <u>CAROL VALERIE and ANN CARROLL NURSING HOME</u>		TYPE OF PROCESS
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZURE OR CONDEMN		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>66 JOHNSON ST. LYNN, MA 01902</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<div style="border: 1px solid black; padding: 5px;"> <u>LOC NGUYEN</u> <u>192 WASHINGTON ST. #208</u> <u>LYNN, MA 01902</u> </div>		Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Telephone Numbers, and Estimated Times Available For Service):

Fold

BETWEEN 9-4 pm. MON → Friday
781-592-5849

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

781-595-3352

DATE

11/05**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Honey Salamea

Date

9/1/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

CATHY — NURSING HOME STAFF
☒ A person of suitable age and discretion then residing in the usual place of abode.

Address (complete only if different than shown above)

SAME

Date of Service

9/30/05

Time

2 - pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
<u>AS.00</u>	<u>5.76</u>		<u>53.76</u>			

REMARKS:

SERVED EMPLOYEE OF CAROL VALERIE — NURSING HOME
STAFF — CATHY

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM U S-285 (Rev. 12/15/80)

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

LOC NGUYEN,
Plaintiff

SUMMONS IN A CIVIL CASE

V.

CAROL VALERIE and
ANN CARROLL NURSING HOME

CASE

C.A. 04-12648-MLW

TO: (Name and address of Defendant)

CAROL VALERIE

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

LOC NGUYEN, PRO SE

* or answer as otherwise required by the Federal Rules of Civil Procedure.

an answer to the complaint which is herewith served upon you, 20* days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON
CLERK

8/26/05
DATE

(By) DEPUTY CLERK

